

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

COPY

Date Received  
Official Use Only

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CATE	MATTHEW	L	( 916 ) 323-6001
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL FAX / E-MAIL ADDRESS
1515 S STREET, SUITE 502 SOUTH	SACRAMENTO	CA	95811

1. Office, Agency, or Court

Name of Office, Agency, or Court:  
CA DEPT OF CORRECTIONS & REHABILITATION

Division, Board, District, if applicable:  
OFFICE OF THE SECRETARY

Your Position:  
SECRETARY

► If filing for multiple positions, list additional agency(ies)/ position(s). (Attach a separate sheet if necessary.)

Agency: PLEASE SEE ATTACHED

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☒ State  
☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_  
☐ Multi-County \_\_\_\_\_  
☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☒ Annual: The period covered is January 1, 2008, through December 31, 2008.  

-or-

☒ The period covered is 05 / 16 / 08, through December 31, 2008.  
☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)  
☐ The period covered is January 1, 2008, through the date of leaving office  

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

- Total number of pages including this cover page: 4
- Check applicable schedules or "No reportable interests."  
 I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*
- Schedule A-2 ☒ Yes - schedule attached  
*Investments (10% or greater Ownership)*
- Schedule B ☐ Yes - schedule attached  
*Real Property*
- Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
- Schedule D ☒ Yes - schedule attached  
*Income - Gifts*
- Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*
- or-
- ☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/16/09

Signature

(Print the complete name of the official in the space provided.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  MATTHEW L GATE

<b>1. BUSINESS ENTITY OR TRUST</b>	
A DROP OF PAINT (RACHEL GATE)	
Name [REDACTED]	
Address [REDACTED]	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY PRODUCTION OF ART WORK	
FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE ____/____/08    ____/____/08 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> OWNER (SPOUSE) Other _____	
YOUR BUSINESS POSITION _____	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)</b>
N/A

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE ____/____/08    ____/____/08 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold    Yrs. remaining _____ <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name _____	
Address _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE ____/____/08    ____/____/08 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
YOUR BUSINESS POSITION _____	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)</b>
_____

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE ____/____/08    ____/____/08 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold    Yrs. remaining _____ <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

**SCHEDULE D**  
**Income – Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

MATTHEW L. CATE

► NAME OF SOURCE

GOVERNOR ARNOLD SCHWARZENEGGER

ADDRESS

CALIFORNIA STATE CAPITOL

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 08	\$ 34.00	Popcorn Tin
12 / / 08	\$ 68.05	Robe
/ /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

Attachment (Additional agencies):

Correctional Standard Authority (Chair)  
600 Bercut Drive  
Sacramento, CA  
(Yolanda Campos-contact)

Prison Industry Board (Chair)  
560 East Natoma Street  
Folsom, CA 95630-2200  
(Rose Schembri-contact)